



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90459 010 ****61.25

DOCUMENT # N44253 1. Entity Name THE HUNDRED CLUB OF ST. LUCIE COUNTY, INC.					
Principal Place of Business 2211 OKEECHOBEE ROAD FT PIERCE, FL 34950-6552			Mailing Address 4700 WEST MIDWAY ROAD FT. PIERCE, FL 34981-4825		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0509672	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMITH, VERNON 2211 OKEECHOBEE RD FT PIERCE, FL 34950-6552				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DVP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAW, DOROTHY		NAME		
STREET ADDRESS	4700 W MIDWAY RD		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE, FL 34981		CITY-ST-ZIP		
TITLE	DT <input checked="" type="checkbox"/> Delete		TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHWAB, TAMARA		NAME	WILSON, GARRY	
STREET ADDRESS	4700 WEST MIDWAY ROAD		STREET ADDRESS	4700 WEST MIDWAY ROAD	
CITY-ST-ZIP	FT. PIERCE, FL 349814825		CITY-ST-ZIP	FORT PIERCE, FL 34891-4825	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANNAHOWER, WILLIAM R		NAME		
STREET ADDRESS	500 BOSTON AVE		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL		CITY-ST-ZIP		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROWLEY, JANE		NAME		
STREET ADDRESS	8019 S. FEDERAL HWY		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL		CITY-ST-ZIP		
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOWLER, MICHAEL D.		NAME		
STREET ADDRESS	311 S 2ND STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASCARA, KEN J		NAME		
STREET ADDRESS	4700 W MIDWAY RD		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34981		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4-27-2006 772-462-3210 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					